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DECLARATI	ON FOR I	ITILITY OR	Attorney Docket Number	PODRIUS PODIUS						
	DESIGN		First Named Inventor	Yury Podrazhansky						
PATENT APPLICATION (37 CFR 1.63)			COMPLETE IF KNOWN							
			Application Number							
Declaration	☐ Decla	laration mitted after Initial ng (surcharge	Filing Date							
Submitted (	OR Sub		Group Art Unit							
Filing	(37 C requi	CFR 1.16 (e))	Examiner Name							
I hereby declare that:										
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.										
I believe the inventor	I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
METHOD AND APPARATUS FOR IMPROVING LOCAL BLOOD AND LYMPH CIRCULATION										
(Title of the Invention)										
the specification of w										
is attached heret OR	to									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable)										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
continuation-in-part	applications, m	aterial information wl	material to patentability as defined hich became available between the ntinuation-in-part application.	in 37 CFR 1.56, including for filing date of the prior application						
or plant breeder's rig United States of Ame	hts certificate(s), erica, listed belov	or 365(a) of any PCT i v and have also identifi	international application which design	application(s) for patent or inventor's nated at least one country other than the oreign application for patent, inventor's fore that of the application on which						

Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?		
Number(s)				YES	NO	
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PT)-9199 and select option 2.

PTO/SB/01 (08-03)

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## DECLARATION — Utility or Design Patent Application

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		ed practitioner(s)			$\neg =$	Registere	ed Pract	utione	r Into	rmation	sheet	PTO/	SB/02C at	tached hereto.	
Direct all con	responden	<del></del>		ner number Code Label 006			06980	06980				orrespondence address below			
Name	Charles	L. Warner II												<del></del>	
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City	Atlanta						Stat	e	GÁ	A ZIP		P	30308		
Country	US			Telepho	ne	404-8	85-32	75	L		FA	x	404-962-9673		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name of Sol	e or First	Inventor:					A petition has been filed for this unsigned inventor								
	Given N	ame (first and mid	ldle [i	fany])			Family Name or Sumame								
		Yury M.		p		Podrazhansky					ky	4			
Inventor's Signature Luny M.			11:1	Posining									)ate	01-12-20	24
Residence:	City (	Alpharetta		State	GÁ		Countr	у	US			Citiz	enship	US	
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City		Alpharetta		State	GA	Z	ZIP	3002	22_	C	ountr	<u>y  </u>	US		
Name of Second Inventor:					A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname										
Mikhail N.						Lyubich									
Inventor's Signature			<u>1</u> ~	Ma	1							I.	)ate	01-12-200	4
Residence:	City	Duluth		State	GA	C	Country	,	US			Citiz	enship	US	
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City		Duluth		State	GA	Z	IP	3009	2		ountr	<u> </u>	US		
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.															